Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086

Phone : (916)576-7000 Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIRST CLASS TRAVEL ASSOCIATES LLC

Certificate of Status	0
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To: 18506176383 From: 19165767036 Date: 03/17/22 Time: 7:06 AM Page: 03/06

COVER LETTER

CLUSTEZE	FIRST CLAS	SS TRAVEL ASSOCIATES LLC			
SUBJECT:	Name of Limi	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing			
	ondence concerning this matter t				
		Vanessa Calhoun			
		Name of Person			
		Parasec			
		Firm/Company			
	2804 Gateway Oaks Drive #100				
		Address			
		Sacramento, CA 98833			
		City/State and Zip Code			
	E-mail address (to	rlsos@parasec.com be used for future annual report notif	ication)		
For further information c	oncerning this matter, please ca				
Vanessa Calhoi	ın	m (916) 576-6980			
	f Person		Telephone Number		
Enclosed is a check for th	ne following amount.				
□ \$25.00 Filing Fee	(1) \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed		
Mailing Address	i <u>s:</u>	Street Address:	tion		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRST CLASS TRAVEL	ASSOCIATES LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number <u>L.19000185503</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	D'a
		P. S. S. S.
The new name must be distinguishable and contain the words "Limited Liab	nlity Company," the designation "LLC"	. .
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		FIL
		- P ED
		LOR T:
Enter new mailing address, if applicable:		90 mg
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Laura Zuluaga	151 E Washington St Unit 407Orlando.	FL: 32801 W Add
			□Remove
			☐ Change
			□ Add
			□Ксточе
			□ Change
			
			Remove
			□ Change
			□Add
			□ Сћалде
			□ Add
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			[]Change
			🖸 Add
			□Remove
			Cl Change

Td: 16506176383 From: 19165767036 Date: 03/17/22 Time: 7:06 AM Page: 06/06

and	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	(optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 608 0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
he recor ord is fi	rd specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of. (b). The 90th day after the iled.
Dated	March 3 Pullum ()
	Signature of a member or authorized representative of a member

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